

**MAR 06 2007**

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**FROM:** James J. Mullen

**DATE:** March 6, 2007

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**Comments:**

Atty Docket No: 621552000100  
Application No. 10/586,746  
Filed: January 23, 2005  
Inventors: **Benjamin SREDNI et al**  
Art Unit: NOT ASSIGNED  
Examiner: NOT ASSIGNED  
Title: THERAPEUTIC METHODS AND PHARMACEUTICAL  
COMPOSITIONS FOR TREATING WARTS WITH TELLURIUM COMPOUNDS

Enclosed are the following documents:

1. Transmittal (1 page)
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page)

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE E-MAIL ANGELA LOPEZ AT  
[ALOPEZ@MOFO.COM](mailto:ALOPEZ@MOFO.COM) OR CALL 858-720-5126 AS SOON AS POSSIBLE.

SD-361911

MAR 06 2007

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

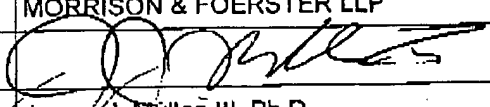
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/586,746	
	Filing Date	January 23, 2005 (Int'l)	
	First Named Inventor	Benjamin SREDNI	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	621552000100

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Request for Withdrawal of Attorney or Agent and Change of Correspondence Address (1 page) Fax Cover (1 page)
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	James J. Mullen III, Ph.D.		
Date	March 6, 2007	Reg. No.	44,957

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: March 6, 2007

Signature:  (Angela Lopez)

MAR 06 2007

PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/586,746
	Filing Date	January 23, 2005 (Int'l)
	First Named Inventor	Benjamin SREDNI
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	621552000100

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

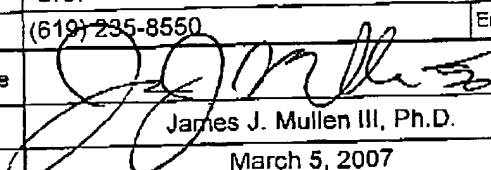
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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This transfer is being made at the request of the client.

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Signature					
Name	James J. Mullen III, Ph.D.	Registration No.	44,957		
Date	March 5, 2007	Telephone No.	(858) 720-7940		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

sd-361922